HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or I
LIATERS Thomas Ralph	House of Representatives -

STATE POSITION HELD: (Dept/Div or Board/Commission)
House of Representatives - Representative
TERM OF OFFICE (Begin/End):
11/5/07
11/5/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii House of Representatives State Cepro-C Poom 426 Honolulu, MI 96813	D	State Representative
F	Law offer of Thomas Waters 983 Avalopape Down Kailua, HI 910734	C	Alton
SP	Umited States of America The Henorable Scannel P. King 300 AlaMoana Bord C-461	E	Atterna
SP	Honolulu, HI 96813 MW Gnows 900 Fat St mall #1188 Mon. HI 96813	E	Assorman

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

CHITCHOTH) of the business.			
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Law office of Thomas Waters 983 Alalepaper Deive Railur, MI 96734	Altorny Sovies	100 % ourwslip	C
			Chack have if additional sh	

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

,SP, C,JT	OWNERSHIP OR BENEFICIAL INTEREST TRAN PERIOD	S DISCLOSURE	DATE OF TRANSFER	
W				
Chec	ck here if entry is None	. []	Check here if additions	al sheets are attache
t the na	ITEM arme and address of each creditor to whom the value mount and amount outstanding (excluding debts arise	4: CREDITORS e of \$3,000 or more was or sing out of retail transactions.	owed during the disclosu	re period and the onsumer goods).
,SP, C,JT	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
₽	Honfiederal Employees credit union 300 Ala Mozana Blod Honduin HI 96813		7	C
	HANDAUX FILL TO STORES			
]Che	ck here if entry is None ITEM 5: OFFICERSHIPS		Check here if addition	al sheets are attach
t every anizati	officership, directorship, trusteeship, or other fiducion, the term of office, and the annual compensation	ary relationship held duri	ng the disclosure period	in any business or
,SP, C,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATIO

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE	
		·		
[v]Chec	k here if entry is None	[]Check here if a	dditional sheets are attached	
List interes	ITEM 7: INTERESTS IN RE sts in real property in the State, acquired during the discle	EAL PROPERTY ACQUIRED osure period, if the interest has a va	lue of \$10,000 or more.	
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE	
50,01		O O O O O O O O O O O O O O O O O O O	CONSIDERATION	
		.4		
[V]Chec	k here if entry is None		dditional sheets are attached	
List intere	ITEM 8: INTERESTS IN REA sts in real property in the State, transferred during the dis	L PROPERTY TRANSFERRED sclosure period, if the interest has a	value of \$10,000 or more.	
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION	
			A CONTRACTOR OF THE STATE OF TH	
[V]Che	ck here if entry is None	[]Check here if a	additional sheets are attached	
			Page 4 of 5	

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			*04 JUN -1 STATE OF H	RECEIV
			1 A9:26	(ED

[√]Check here if entry is None

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

In With

6-1-04

DATE